vi

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION Is very PERMANENT properly classified. K UNFADING INK-THIS IS AGE supplied. may be See instructions on back of WRITE PLAINLY, WITH of Information CAUSE OF

certificate.

Important.

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1 PLACE OF DEATH



6877

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

County / / W/ / / / / / / / / / / / / / / / /	CERTIFICATE OF BEATING
	Registration Dist. No./DA
Village or City & Mus/hully No.	St.; Ward) [It death occurred in
	a hospital or institution, give its NAME instead
PULL NAME CONSANDUA, C	of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Finale While (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Had not alleged to the for the 191.
(Month) (Day (Year)	that I last saw h. Samually on the 110 July 1914
TAGE II LESS than	and that death occurred on the date stated above, at 10 30 Am,
66 - 22 t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min. ?	acul neprote toller
(a) Trade, profession, or	Chance baloular destan
particular kind of work.	of heart
(b) General nature of industry, business, or establishment in	· (Dunation)
which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary .
10 NAME OF	(Duration) yrsmosds.
FATHER OF	(Signed) William & Archer "
O 11 BIRTHPLACE	, 191 (Address) Bel fir Md
State or country)	*State the Digrace Caugana Draws on to 3-45 c
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
a OF MOTHER Carsandia Will	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER A A A A A A A A A A A A A A A A A A A	OR RECENT RESIDENTS) At place In the
(State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Wellet H. Wefur Jr.	Former or
130 air mh	18 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	HAGE OF BURIAL OR REMOVAL BATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDEATAKER



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," (name orlgin; "Can-State cause for Nevcr report



PHYSICIANS should of OCCUPATION IS PERMANENT BINDING ciassifled. D U ESERV UNFADING WITH ARGIN plain 2 of Info WRITE Item 9 Every Ite

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred is -Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIEO. WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended decessed from 17 (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* was as follows: OR mla. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) --9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIPAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. _ _ ds. State ----- Yrs. ___ Where was disease contracted, If not af place of death? Former or usual residence DATE OF BURIAL 16 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puenperal septichaccte, when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Branchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.;



V. S. No. 1.

N. B.

-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Important. See instructions on back of certificate. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist	No. 185-
Registration	DIST.	NO

St.;....Ward)

[It death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

2FULL NAME O MOON JO	DUONEDU
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male It hate Single, Married Widowed, Or hate Or fitte (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
do not know, 1	that I last saw halive on
abour 30 yrs mos ds Or min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or Powder Man (b) General nature of industry, business, or establishment in	Premature Explosor of dynamia
which employed (or employer) BIRTHPLACE (State or country) Mocieuro Italy	Contributory Secondary (Doration)yrsmosds.
10 NAME OF FATHER Joseph Buoucore 11 BIRTHPLACE OF FATHER (State or country) Mocuro Italy 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Joseph Hamburg & Coolly D. 191 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Teresa Jehere 13 BIRTHPLACE OF MOTHER (State or country) Mocura IXaly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death?
(Address) Jamedonace 16 Filed July / 1914 J. J. Bay REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Not Exist Certify July 11, 191 4 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
	hr, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the Americau Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (secondary), 10 ds. Never report For vio-



S. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD ACE should be stated EXACTLY. properly classified. Exact statement A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH In plain terms, so that it may be a N. B.—Every item of information CAUSE OF DEATH in pial Important.

6880

1 PLACE OF DEATH Ha

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[If death occurred la a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4 COLOR OR RACE 5 SINGLE, Surgle MIRARIED, WIRDWEN, ORDIVORDED (Write the word)	16 DATE OF DEATH (Nonth) (Day (Year) 17. I DEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	That I last saw h alve on the Bo 1914.
TAGE THE BOWN IS LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Still Box
which employed (or employer) **BIRTHPLACE* (State or country) **TONAME OF: **TONAME OR: **TONAME OF: **TONAME OR: **TONAME	Contributory Secondary (Ourayon) yrs. mos. ds.
of the or country) FATHER FATHER OF FATHER OF GROWN	(Signed) Jely (Address) Jeven Jely (State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Index and (2) whether Address
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (2) 201	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Macklew	Where was disease contracted, If not at place of dealh?————————————————————————————————————
16 July 21 10 V Oren The Muly	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SULLY 191 4 20 UNBEFTAGER TO SLEYFT ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. causing nearly, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the nisease material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The essary to know (a) the klud of work and also (b) Civil engineer, Stationary freman, etc. But in many first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vionuere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of The nature of the



BINDING FOR RESERVED MARGIN

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS WRITE PLAINLY, WITH UNFADING INK-THIS N.B.

	unty Harfra 5881	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
Vi	FULL NAME David Andrew	St; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SE	1 ale White Single, Marrieo, Widowed (Write the word)	16 DATE OF DEATH Growth) (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended decessed from
6 D	Septembre 27, 1846 (Month) (Day) (Year)	that I last saw h malive on July 2 1914
7 AC	67 yrs. 9 mos. 5 ds. or. min.?	and that death occurred on the date stated above, at 12 7 mm. The CAUSE OF DEATH* was as follows: Bluvonic Maritinal Nephrolis.
(a) par (b)	Trade, profession, or Blacksmith & Wheelwight General nature of industry,	about
9 BI	ness, or establishment in Employer ch employed (or employer) Employer RTHPLACE (ate or country) Hardord to haryland	Contributory (Secondary) (Duration) yrs mos ds.
S	10 NAME OF PATHER Oliver Learman	(Signed) H. F. Brusley, M. D.
ARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (A	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER Elizabeth learman 13 BIRTHPLACE OF MOTHER (State or country) Marril and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant John M - Learman Nyhuu	of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or
	(Address) Riveles Md RFD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIII	Stelly 5 1914 AOD hillips RECISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
-4	If more blanks are needed address State Paulatine	A H Franklin St. Polito Ponderting F. S. A.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Orocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not minc, etc. statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

301. 8 11111,

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puzzperal septichae etc., when a definite disease can be ascertained as the "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Old Age." "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contienia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mails: oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. (name origin: "Can State cause for Examples:



V. S. No. 1.

N. B.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGGUPATION is very A PERMANENT UNFADING INK-THIS IS -Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it main important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH

6882

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[If death occurred in a hospital or institution,

FULL NAME	Garrie Ch	nsk	give its NAME Instead of street and nomber.]
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIF	FICATE OF DEATH
3 SEX 4 COLOR OR F	AGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)		(Year)
TAGE // A A	onth) (Day (Year)	that I last saw haliye on	FY, That I attended decessed from , 191, 191, 191
Still Par Soccupation (a) Trada, profession, or **The state of the s	1 day,hr: ORmin. ?		follows:
particular kind of work (b) General nature of industry, business, or establishment in which ampioyed (or ampioyer) **BIRTHPLACE** (State or country)	lm		uration)ds.
10 NAME OF FATHER CELEGAL 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	talfore	(Signed) A. During (Addrass) (Addrass) *State the Disease California	DEATH, or, th deaths from Violent NJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	Halforn	18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) At place of death yrs mos ds Where was diseasa contracted.	HOSPITALS, INSTITUTIONS, TRANSIENTS, In tha Stata yrs, mos, ds
(Interment) Alexand	der Christy	If not at place of death?————————————————————————————————————	
(Address)	Duo Coffue and REGISTRAR UKS are needed, address State Re	20 UNDERTAKER 20 UNDERTAKER GISTAR SE. Franklin St., Balto., Reque	Perman mu

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For Vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAISE OF DEATH in plain forms so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Z. S. No. 1.

	PLACE OF DEATH Cumit not A	STATE OF MARYLAND CERTIFICATE OF DEATH
/	Village or City Upper & Brado (No.	Registered No. St.; Ward) Registered No. If death occurred in a hospital or institution give its NAME instead
	FULL NAME annie E. Cerrh	ef street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Hemale While Single, MARRIED, WIDOWED, ONG ONG PROCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
8	DATE OF BIATH July (Month) (Day) (Year)	that I last saw have alive on July 14 1914
	MGE 76 Yrs. No. mos. 9 ds. or min.?	and that death occurred on the date stated above, at 5 mm The CAUSE OF DEATH* was as follows: Chronic Intentities Neglinitis
	(a) Trade, profession, or particular kind of work. b) General nature of industry,	
b	usiness, or establishment in which employed (or employer)	Contributory. (Ouration) yrs. mos. ds
	BIRTHPLACE (State or country) Maryland	(Secondary) (Ouration) yrs mos ds
v	10 NAME OF John Cook	(Signed) Y. T. Bradley , M. O Fuly 1 F., 191 4 (Address) Da wethen the Md
124	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In desths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
14	(Interment) Warren Tehnworth	Where was disease contracted, if not at place et death? Former or usual residence
11	Filed July 18, 1914 Jacob Hillifs REGISTRAR	Chestrul Grove Country Party 18th; 1914 20 UNDERTAKER W. G. Malfier Researchille M. 18 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (rctired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerran septichae-LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of .. ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Candeath), 29 "Exhaustion," Examples: For VIO-



	PLACE OF DEATH Pount not	returned STATE OF MARYLAND
c/ /v	illage or City Pleasantille (No.)	Registered No. St.; Ward) St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
17	Server 14	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw h in alive on graly 14 1914.
	TY9 yrs 120 mos. 15 ds. 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(b) bus whi	Ceneral nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs
(g	RTHPLACE (Maryland)	(Secondary) (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE (State or country) 12 Maiden NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed). H. F. Bradley , M. D. Guly 6, 1914 (Address) Javella Med *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
۵	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs, mos ds. Where was disease contracted,
	(Informant) B. M. Warkins (Address) Please antible Ired.	if not at place et death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FII	ed Jacky 17, 1914 Joe Phillips	Baptial Muling Herror July 17, 1914 20 UNDERTAKER Pleasandville Mid,
V	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;	Ward)	
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[It death occurred in a hospital or Institution.

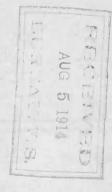
	FULL NAME James Franklin,	Hazelette give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	ale white single, married, Granie (With the word)	16 DATE OF DEATH (Youth) (Youth) (Year) 17 / I HEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTH (Month) (Day (Year)	May 3 1914, to July 7 1914, that I last saw have allow on July 7 1914
TAG	It LESS than t day,hrs. OR	and that death occurred on the date stated above, at 4m. The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION Trade, profession, or term Sabored	Chronis Interstitial Rephiles
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	Contributory Gueral adema
9 B	(State or country) Hauford Co	Secondary (Duration) yrs mos ds.
S	10 NAME OF James Hagelett	(Signed) J. O. Osurrey , M. O.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) AUSUSIA CE Par	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Augland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds
	(Informant) ALL STAND STANDS	Where was disease contracted, It not at place of death? Former or usual residence
16	(Address) Othe Kocks Ind	Look own Cauelly fully 191 Le
FII	ed July 31, 1914 O Onune	Grafton De Voe Reference De
	\ 	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil cugineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-(a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronie scpsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehac mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nalvular heart disease; Chronie interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustiou,"



MARGIN RESERVED FOR BINDING

N. S. No. 1.

N. B.-

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Village or City Upper X Roads (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. /53

.St.;....Ward)

[it death occurred in a hospital or institution, give its NAME lostead of streel and number.]

	* PULL NAME Lida J. Nertche	wek give its name tostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*se	4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wisowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I strended deceased from
	(Month) (Day) (Year)	fan / 19127, to felly 25 1914, that I last saw her alive on July 25, 1914.
TAC	GE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 0 m, The CAUSE OF DEATH* was as follows: Causes A section and
(a)	OCCUPATION Trade, protession, or gleonise Keeping	Small intestines
(b) bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Ouration) Z yrs mos ds
9 8	eate or country) Maryland	(Secondary) (Deration) yrsmosds.
S	10 NAME OF John Roder 11 BIRTHPLACE	(Signed) John Steen, M. O. July 27, 1914 (Address) Sittings
ARENT	(State or country) Wor Known 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
	(Informant) How, Hutchcock	Where was diseaso contracted, It not at place of death? Former or usual residence
16	(Address) Tallelon Mg.	Pridence leinely DATE OF BURIAL
FII	ed C/27, 1914 F January REGISTRAR	20 UNDERTAKER ADDRESS W. L. Malker Reasonfulle Mid
	If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrerran septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), cause of death approved by Committee on Nomencla-"Contributory." dcnt; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples:



	stat Ver
	N. B.—Every item of Information should be csrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver important. See instructions on back of certificate.
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3	-Every item of information should be esrefully supported OF DEATH in plain terms, so that it may importent. See instructions on back of certificate.
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PLACE OF DEATH 6887
County Hayward
Village or City Shurchwills
2FULL NAME Emma



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-0.00	S	t.;	W	ard)	ŀ
		*			

[If death occurred to a hospifal or institution, give its NAME lostead of street and number.]

FULL NAME Emma J. Joh	give its NAME lostead of sfreef and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale While the word)	16 DATE OF DEATH Month Day (Year) 17 HEREBY CERTIFY. That I attended deceased from	
Month) (Day (Year)	that I last saw h & alive on July 23, 191	
TAGE If LESS than 1 day,hrs. CRmin.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: The phoil Fener	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Quration) yrs mos ds.	
O NAME OF FATHER AND AND AND AND STATE OF STATE	Contributory Whereuloses. Secondary (Signed) Cluert of telester, M.D.	
11 BIRTHPLACE OF FATHER (State or country) Hangwal bo hold. 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos. ds. Stafe yrs, mos. ds Where was disease contracted.	
(Informant) Prilliam It Johnson	if not af piace of deafh? Former or usual residence	
Filed My 15, 191 Lebyen Dean REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTARER ADDRESS ADDRESS	
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. gainfully employed, as At school or At home. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meningics, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as ete., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Con-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), "Dropsy," Measles (Recommendations ou statement of (disease eausing death), 29 ds.; ctc. State "Exhaustion," eause for For Vio-



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING N. S. No. 1.

/c.	PLACE OF DEATH 6888	STATE OF MARYLAND CERTIFICATE OF DEATH			
v	illage or City Cherden (No	Registration Dist. No. St; Ward) St; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]			
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH			
3 51	Nale Italia (Write the word)	16 DATE OF DEATH Cely 22, 1919 (Month) (Day) (Year) 17() HEREBY CERTIFY, That I attended deceased from			
6 D	(Month) (Day) (Year)	that I last saw h win alive on July 3 1914			
TAG		and that death occurred on the date stated above, at			
(a) pai (b)	Frade, profession, or ticular kind of work. General nature of industry, ness, or establishment in				
-	RTHPLACE (at e or country) Hanfund & Mod	Contributory (Secondary) (Duration) yrs. mos. ds.			
S	10 NAME OF James J. Jones	(Signed) fueth thick, M. D.			
PARENT	11 BIRTHPLACE OF FAFHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
	13 BIRTHPLACE OF MOTHER (State or country) Hanfund Co Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.			
	Interment) Sallie Jones (Marie Charles Marie Ma	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL			
15 File	d July 23, 1914 Orion Mutal REGISTRAR	Darlington na July 25, 1914 20 UNDERTAKER Sterry Curica Class Rose Mil			
	If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcopers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons -Coal

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum,

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal scotichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ______ (name origin; "Can-eer" is less definite; avoid use of "Tumor" for mailsmere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1914
BUREAU. V.S.

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vi

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No. 18 It death occurred in St.:....Ward) PHYSICIANS a hospital or institution, give its NAME Instead ot street and number.] ō MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. 191.4 MITOGRACO-(Month) (Day) (Year) Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ciassified. (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at P 1 day hrs. was as follows: OR min. ? mos. ds. properly 6 OCCUPATION AGI (a) Trade, profession, or particular kind of work... supplied. (b) General nature of industry, pe business, or establishment in may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) = that (Duration) 10 NAME OF (Signed) FATHER ō 80 pe A....., 191.4. (Address). back 11 BIRTHPLACE terms, ARENT should OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain of information DEATH in plain See instructions OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State Where was disease contracted. If not at place of death?... Former or OF usual residence. mportant. ACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Every .., 1914 15 20 UNDERTAKER ADDRESS 20 If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

Accidental drowning; Struck by railway train-accisepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Puerperal septichae. mus," "Old Age," "Shock," "Traemla," "Weakness," thenla," "Anaemla" (merely symptomatic), "Atrophy," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowie Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ______ (name origin; "Can-ver" is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.: State cause for Examples:



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02

CSICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT EXACTLY. Exact classified. pe Should properly AGE INK supplied. pe UNFADING may certificate. that 80 0 back terms, 0 plain instructions information 5 DEATH 0 OF Important. Every It

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or justitution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at & 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) ____ which employed (or employer) -----Contributory. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE ... 1914... (Address) OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE. OR RECENT RESIDENTE 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. ____ mos. _ State ___ Where was disease contracted. 14 THE ABOVE if not at place of death?. Former or usuai residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address 15 20 UNDERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting N. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerorospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify ali diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1914
BULLEAU V.S.

MARGIN RESERVED FOR BINDING

B. No. 1.

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pfain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT PLAINLY, WITH UNFADING INK-THIS IS A WRITE

6891	71
PLACE OF DEATH	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
0	Registration Dist. No. / 80
Village or City Sewell (No.	St.; Ward) [It death occurred in a hospital or institution.
FULL NAME John Krou	acheak give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Dungle.	16 DATE OF DEATH My 15 1914
Male While Widowsto, ORDIVORCED (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, at
Court 20 1 day,hrs.	The CAUSE OF DEATH was as follows:
s occupation	Was Struck by 3+0 fram near
(a) Trade, protession, or Kalkon & Dabores	Sewell Dla aft 5.45 Pm
particular kind of work (b) General nature of industry,	and instantly Killed
business, or establishment in	(Duration)rsmcsds.
which employed (or employer)	Gontributory
(State or country)	(Secondary)
10 NAME OF	(Duration) rs mos ds.
FATHER Not Known	(SIBDED) , M. D.
M 11 BIRTHPLACE 2 / / /	July 16, 1914 (Address) I livel My
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER DATE	TAL, SUICIDAL, OF HOMICIDAL.
a coordinate	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS THUE TO THE BEST/OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
James Student	Former or
(Informant)	usual residence
(Address) Seleant	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 4 0.11 1 la la la la	abingdows Cemetry July 16, 1914
Filed 114 16 0000000	20 UNDERTAKER CALLED

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness, "Heart fallure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant peoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senlle," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion, Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village of City Carridan (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Edward Lewis

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black Single, widowed, orbivorced (Write the word)	16 DATE OF DEATH July 9, 19144 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
so not know.	, 191, to, 191,
(Month) (Day (Year)	that I last saw halive on, 191
⁷ AGE If LESS than	and that death occurred on the date stated above, at
1 29 f day,hrs.	The CAUSE OF DEATH* was as follows:
about 29 yrs mos. ds. OR min.?	was caused by
(a) Trade, profession, or	Premature explosion of
particular kind of work data	dinamite!
(b) General nature of Industry, business, or establishment in	(2
which employed (or employer) & love duarne	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
_ all vano Virginia	(Duration) yrs mos ds.
on 11 BIRTHPLACE	(Signed) Joseph Hamburger Coroner M. D.
OF FATHER (State or country) Unknown 12 MAIDEN NAME OF MOTHER M. M.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Mary Mugas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Unknown	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) CV. Kyvni	Former or usual residence
Havriderace	40
(Address)	Balowille La July 11, 191 20
Filed July 11, 1914 STAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regis	strat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up ou account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the msease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, or HUMICIDAL, or as probably LENT DEATHS STALL MEANS OF INJURY and qualify as mia," 'Purprisal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which smployed (or smployer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ... Where was disease contracted. 14 THE ABOVE IS if not at place of death? ... usual residence BURIAL DATE OF BURIAL 15

> REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Represting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St. Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, MARRIED. WIDDWED, ORDIVOROED . (Write the word) I HERESY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH* was as follows: OR 7 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) BURTHPLACE (State or country 10 NAME OF ARENTS A 1 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the (State or country) of death yrs. mos. ds. State _____ vrs. ___ mos. Where was disease contracted. It not at plece of death? usual residence DATE OF BURIAL 15 If more blanks are needed, address State Registrate, 6 E. Franklin St., Balto., Requesting

8. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St.:---Ward) a hospital or institution. give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. mula 1915 WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1891 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. OR mio. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, Mate (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?..... Former or usual residence. PLACE OF BURJAL OR REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. If death occurred in St.:....Ward) a hospifal or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) (Month) 7 AGE If LESS fhan and that death occurred on the date stated above, at. 1 day,hrs. The CAUSE OF DEATH * was as follows: mos. 2 0 ds. OR min. ? BOCCUPATION (a) Trade, profession, or House parficular kind of work... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 191 4 (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER of death yrs. mos. ds. State yrs. ____ mos. Where was disease confracted. If nof at place of death?... Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal schtichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



No. 1.

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EXACTLY. stated pe should AGE pe supplied. carefully should Information of Inform DEATH WRITE

Item 9 Every Item CAUSE OF Important.

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stato Very PHYSICIANS should of OCCUPATION IS Exact statement PERMANENT properly classified. 4 15 -THIS NX UNFADING may of certificate. that 80 WITH See instructions on back PLAINLY,

WHI

3 SEX

TAGE

PARENT

15

Filed

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

(b) General nature of Industry, business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

THE ABOVE IS TRUE TO THE

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS



STATE OF MARYLAND CERTIFICATE OF DEATH

		185
Registration	Dist.	No.

Mande Gas	
age or City Marrede Jace	(No

[It death occorred in ... St.;-Ward) a hospital or institution, give its NAME instead

of street end number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Whowed, or opposed (Write the word)	16 DATE OF DEATH July 9th, 1915 (Month) (Day (Year)
undnown, -	17 I HEREBY GERTIFY, That I attended deceased from, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on
If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
Powder man	premature explosion of
nt in Sotone Quarrie	(Duration) yrs mos ds.
ascall premo	Secondary (Ouration) yrs mos ds.
Luge Schravo	(Signed) Joseph How Tung in Coronil M. D.
Intry) Uscall premo	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
ungela Bea	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs, mos ds
L. Hyor	Where was disease contracted, If not at place of death? Former or usoal residence
irrede France	MI En Compley July 1, 191
191 H J N 19 MY REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	strer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

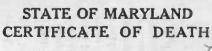
valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accigenital," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-"Exhaustion," For vio-



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH



Registration Dist. No

-Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number. I

	2FULL NAME	ver
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mai	le White Single, Married, Single Wisowes, ORDIVORCED (Write the word)	16 DATE OF DEATH Month) Day (Year) 17 I hEREBY CERTIFY. That I attended deceased from
	July 6, 1914 (Month) (Day (Year)	that I last saw h 22 alive on Tell 24, 1914
7 AGE	yrs mos 25 ds. or min.?	and that death occurred on the date stated above, at
	ATION protession, or More kind of work	Iraneleon
business, which emp	al nature of industry, or establishment in eloyed (or employer)	Contributory Cremaluse Costh
0 11 a	IAME OF Jilliam Fliver	(Signed) Q. M. Deration) yrs f mos ds. (Signed) W. D. M. D. Help 31 191 44 (Address) Howeved Frace
Z 12 M	OF FATHER (State or country) hv Harredo Space IAIDEN NAME OF MOTHER 2 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 g	IRTHPLACE OF MOTHER (State or country) Harford Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place the the ot death yrs, mos, ds. State yrs, mos, ds.
14 THE A	ant) A. F. Selver	Where was disease contracted, It not at place of death? Former or usual residence.
16	Address Course de hac MAN.	Harmony Center and 1914
Filed	nly31,191 of H. Day REGISTAR	20 UNDERTAKER LADDRESS ADDRESS
de	If more blanks are needed, address State Regis	trap, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm taborer, Laborer—Coal CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton milt; (a) Salesman, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEFFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puenrenal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for mallsoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," Never report For VIO-



V. S. No. 1.

UNFADING INK-THIS IS A PERMANENT RECORD AGE WRITE PLAINLY, WITH N. B.-Every Item CAUSE OF Important,

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

181

Registration	Dist,	No//

[it death occurred in a hospital or institution, give its NAME instead ot street and nomber.]

FULL NAME Danah Jame	Unill
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
July (bay 1914)	that I last saw h & alive on
1 f LESS than t day,hrs.	and that death occurred on the date stated above, at 10.30.0m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work.	· Danvilsions
(b) General nature of Industry, business, or establishment in which employed (or employer)	——————————————————————————————————————
9 BIRTHPLACE (State or country.)	Secondary
10 NAME OF Wells am I Smith	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Senganna Holland 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) William & South	Former or usual residence
(Address) leny man had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied July 22, 1914 Quoi Tollfuhad	Mora Chapel July 22, 1914 29 UNDERTAKER JADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For VIO-



County Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) Junear St.; Ward) St.; Ward of the street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black Single, Married, Midoweo, ORDIVORGED (Write the word)	16 DATE OF DEATH (Monda) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from
TAGE VILLY (Month) (Day (Year) Tage It LESS than 1 day,hrs.	that I last saw her alive on July 284, 1914, and that death occurred on the date stated above, at 8, 359 m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Jufaculos His Colitio (Ouration) — yrs 6 mos — ds.
9 BIRTHPLACE (State or country) Carford Co,	Secondary (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place ta the ot death yrs, mos, ds Where was disease contracted,
(interment) Binginan tooks	tf not at place of death? Former or usual residence.
16 Filed July 31, 191 4 J. H. 13ay	Ludwy Park Create July 31, 191.4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the misrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (c. g., ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably ctc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of "Exhaustion," For VIO-



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N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. / 8 3

St; Ward)

[If death occurred in a hospital or institution.

	* FULL NAME Oliver Randolph	Spencer and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)		18 DATE OF DEATH July 30, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	(Month) (Day) (Year)	May 4, 1914, to guly 17., 1914. that I last saw h an alive on guly 17., 1914
7 A	GE If LESS than 1 day, hrs. OR min, ?	and that death occurred on the date stated above, at 7, 30 Am, The CAUSE OF DEATH * was as follows: Serebral Hemorhage
(a	OCCUPATION) Trads, profession, or House Plasterer ricular kind of work	3rd ottock
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) yrs. B. mos. ds.
9 B	Harfird Go Marylon	(Secondary) (Daration) yrs mos ds.
TS	10 NAME OF Hugh & Spencer	(Signed) H. F. Bradley , M. D. galy 30, 191.4 (Address) Jagrettenlle Md
REN	OF FATHER (State or country) Pennsylvama 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) Harford les Mod	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS) At place in the of death yrs, mos, ds.
	Informant, Mary & Spencer (Itipe)	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) RF. D. Forest Hill Md	Baytest bernetry warmen Aug 2 , 1914
Fil	ed Cheg 1 1914 Old Tullepa	El Kurty & Son Jarrettrulle Md
	if more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosales

childbirth or miscarriage, as "Purneenal scottchar. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin: "Can-Examples: For vio-



Very should is NOI OCCUPATION PHYSICIANS RECORD statement PERMANENT EXACTLY Exact classified. 4 S INK-THIS properly AGE supplied. pe UNFADING may certificate. that 0 WITH back terms. should 0 PLAINLY. plain Instructions information 2 DEATH WRITE See 0 Item 10 mportant. CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. I'lf death occurred in ---Ward) a hospital or lostitution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1914 WIDOWED. (Month) Dav (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE ... 191 OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ State _____ yrs. ___ mos. _ Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL nan DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECIEVED

AUG 6 1914

BUREAU. V. S.

BINDING FOR RESERVED MARGIN

V. E. No. 1.

B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.	KECOKD	PHYSICIANS should state of OCCUPATION is very
	THE TRUE TO THE	. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 թլ	ACE OF DEATH 6904	STATE OF MARYLAND
C	fartar C	CERTIFICATE OF DEATH
County		Registration Dist, No. / 82
Village or C	ity Honat Hue (No, -	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 [FULL NAME	1,000
PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDINADORD	16 DATE OF DEATH , 191
8	Thele ORDIVORCED (Write the word)	17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF B	7 2-8	, 191, to, 191,
	(Month) (Day (Year)	that I last saw h
7 AGE	If LESS than t day,hrs.	and that death occurred on the data stated above, atm,
	yrs	The CAUSE OF DEATH* was as follows:
(a) Trade, profe particular kind (b) General nat	ssion, er of work	Jall Some
business, or e which employed	stablishment in (or employer)	(Duration) yrs mos ds.
9 BIRTHPLAC (State or	country) florest I tue	Secondary (Duration) - yrs mos ds
10 NAME FATH	Enthemas Co. Watters	(Signed) Fis P. Smithout, M. D.
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13 BIRTH OF M (Stat	OTHER OF COUNTY OF	At place lo the of death yrs mos ds. State yrs mos ds
14 THE ABOV	E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)-	the Villetter	Former or usual residence
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilf death occurred in .Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, MANNIO WIDOWED, ORDIVORCED (Write the word) 17 6 DATE OF BIRTH ., 1913 to Quel (Day (Year) It LESS than 7 AGE and that death occurred on the date stated above, at ... 9 t day,....hrs. was as follows: ntentitial Nestroles BOCCUPATION (a) Trada, profession, or particuler kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ... Kett (Duration) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ___ State Where was disease contracted. it not at place of death?.. Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ADDAESS If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in St:....Ward) a hospital or institution. give its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO. (Month) ORDIVORCED (Write the word) Man HEREBY CERTIFY, That I attended deceased from OATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? ds. mos. 8 OCCUPATION (a) Trade, profession, or House particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) a. 1914. 11 BIRTHPLACE (Address) PARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. It not at placa of death? Former or usual residence OR REMOVAL DATE OF BURIA 15 ADDRESS

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